**QUARTERLY PROGRESS REPORT**

## **Progress Report Due Dates**

##### Due Date: Period Ending:

 **02/01 12/31**

 **05/01 03/31**

 **08/01 06/30**

**\*Please submit one original separate cumulative summary on 11/01**

## **Grant #**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:**  |  | **Project Title:**  |  |
| **Address:**  |  | **Report for Period Ending:** |  |
|  |  | **Total Grant Award:** |  |
| **Federal Share:** |  | **Expenditures this Period:**  |  |
| **Match:** |  | **Expenditures to Date:** |  |

**Signature: Date:**

**PART ONE - NARRATIVE:**

List project objectives and indicate the progress toward fulfilling the stated objectives in a narrative paragraph following each. These paragraphs should include activities and tasks accomplished during this period. Also, indicate problems in accomplishing tasks in a timely manner. If needed, attach additional pages and supporting materials.

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| **Objective 1:** |
| **Narrative:** |
| **Objective 2:** |
| **Narrative:** |
| **Objective 3:** |
| **Narrative:** |
| **Objective 4:** |
| **Narrative:** |
| **Objective 5:** |
| **Narrative:** |
| **Objective 6:** |
| **Narrative:** |
| **Objective 7:** |
| **Narrative:** |
| **Objective 8:** |
| **Narrative:** |
| **Objective 9:** |
| **Narrative:** |
| **Objective 10:** |
| **Narrative:** |

**PART TWO - PROJECT STATUS**

**1.** Will the project be completed on schedule? If not, indicate a timeframe for completion and the reason for the delay.

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**2.** List any technical assistance needs identified during this period (financial, programmatic,

etc.).

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**PART THREE - PRESS COVERAGE ACHIEVED:**

Describe any press coverage achieved during the period. Attach copies of press clippings, press releases, media advisories, etc.

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**PART FOUR - STATUS OF EQUIPMENT PURCHASES:**

1. Has all equipment in the approved grant budget been ordered? \_\_\_\_\_Yes \_\_\_\_\_\_ No

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2. If "no" to Question #1, explain status:

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3. Date equipment placed in service

**PART FIVE - STATUS OF PERSONNEL:**

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1. Number of personnel to be hired on grant:

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2. Date personnel hired:

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3. Number uniformed personnel funded by grant: Total by Department:

**Quarterly Enforcement Data Reporting Form**

(For Traffic Enforcement Projects Only)

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| --- | --- | --- |
| **Violation** | **Persons Performing Grant Activity Hours Only** | **Department Totals**\*(Excludes Violations Written by Persons Performing Grant Activity Hours) |
| DUI |  |  |
| Safety Belt |  |  |
| Child Safety Seat |  |  |
| Speeding |  |  |
| Driving Under Suspension |  |  |
| No Driver’s License |  |  |
| Uninsured Motorists |  |  |
| Other Traffic Violations |  |  |
| Written Warnings Issued |  |  |

**List of Presentations/ Outreach Activities Completed this Period**

**Attach supporting documentation for each presentation listed in the table below. Supporting documentation may include sign-in sheets, photos taken during the presentation, educational materials and handouts, and/or correspondence scheduling and/or confirming the presentation.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Activity** | **Topics Covered** | **Name of Group** | **# Present** |
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| Total Presentations/ Activities this Period |  | Total Persons Reached this Period: |  |
| Total Presentations/ Activities to Date: |  | Total Persons Reached to Date:  |  |